

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026222

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 884

FILED JUL 17 1962

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY BUTLER		a. STATE MO. b. COUNTY STODDARD			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 1 hr.	c. CITY OR TOWN BLOOMFIELD, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTORS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE # 2, Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES DELBERT SWINDELL			4. DATE OF DEATH Month Day Year JULY 5, 1962		
5. SEX male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-30-1903		
9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Feed Mill Laborer		10b. KIND OF BUSINESS OR INDUSTRY Feed Mill	11. BIRTHPLACE (City and state or country) ADVANCE, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HALL ALEXANDER SWINDELL.		13b. MOTHER'S MAIDEN NAME ROSELA STACY		14. NAME OF HUSBAND OR WIFE ARLIE SWINDELL.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. [Redacted]	17. INFORMANT Address Mrs. Chas. Swindell, Bloomfield, Mo. Rt. 2		
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) cerebral hemorrhage				acute	
DUE TO (b) Rupture cerebral artery				acute	
DUE TO (c) Arteriosclerosis				Chronic	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease or condition given in PART I. (a) Malnutrition, Hypotension & Heart Failure				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20e. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from March 6, 1961 to 5-1-61 and last saw her/him alive on July 5, 1962 Death occurred at 1:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE William J. Frites, D.O. (Degree or title)			22b. ADDRESS Bloomfield, Mo.		22c. DATE SIGNED 7-6-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/5/1962	23c. NAME OF CEMETERY OR CREMATORY GEORGE CEMETERY	23d. LOCATION (City, town, or county) STODDARD COUNTY, MISSOURI (State)		
24. FUNERAL DIRECTOR CHILES UND. CO. BLOOMFIELD, MO. ADDRESS			25. DATE RECD. BY LOCAL REG. 7/10/1962.	26. REGISTRAR'S SIGNATURE Thelma Seaborn	

REMOVAL PERMIT OBTAINED

AUG 21 1962

SEP 6 1962

P-30-1003

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address BLOOMFIELD, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.